PART B - FEE(S) TRANSMITTAL

INSTRUCTIONS: This for	rm should be used for trans	smitting the ISSI	OF	Fax	Mail Stop ISSUE Commissioner for P.O. Box 1450 Alexandria, Virg (571) 273-2885 ATION FEE (if requirements)	r Patents inia 22313-1450	should be completed where		
	below or directed otherwise						t correspondence address as arate "FEE ADDRESS" for		
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 7590 01/11/2006					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
Marsh Fischmann & Breyfogle LLP Suite 411 3151 S. Vaughn Way Aurora, CO 80014			OCT 10 2008		Certificate of Malling or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
		13 OCI 1,	, Ynna	1	Maur	ven Sileo	(Depositor's name)		
		(E)	.8		Than	untila	(Signature)		
		AT & TRADE	MAPIN		L Apr	10,2006	(Date)		
APPLICATION NO.	FILING DATE		FIRST NAME	DINVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/072,150 TITLE OF INVENTION: SI	02/06/2002 ENSOR HEAD COMPONE	NT	Kent D). Henry		42074-00393	1370		
APPLN. TYPE	SMALL ENTITY	ISSUE F	FEE PUBLICATION FEE		BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	YES	\$700	300		£300	\$1000	04/11/2006		
EXAM	INER	ART UNIT		CLASS-SUBCLASS]			
BLOUN	T, ERIC	2636			340-693500				
1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" form PTO/SB/47; Rev 03-02 (Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON	THE PATENT	T (print o	r type)	<u></u>	<u> </u>		
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	clow, no assignce of this form is NO	data will app Tasubstitute	car on the	ne patent. If an assign	ee is identified below, the	document has been filed for		
(A) NAME OF ASSIGN			TY and STATE OR COUNTRY)						
In-Situ, Inc				Fort Collins, CO					
Please check the appropriate		ries (will not be pr	inted on the p	atoni):	Individual 96	orporation or other private gr	roup entity Government		
4a. The following fee(s) are	enclosed:	41	. Payment of						
Sissue Fee Publication Fee (No small entity discount permitted)			A check in the amount of the fee(s) is enclosed.						
Advance Order - # of	Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 60-1919 (enclose an extra copy of this form).								
Advance Order - # 61	COPICS		Deposit Acc	ount Nur	nber 60-1418	targe the required (ce(s), or	copy of this form).		
5. Change in Entity Status	(from status indicated above MALL ENTITY status. See	•	Dh Applic	mar ic no	longer claiming SMAI	LL ENTITY status. See 37 (TER 1 27(a)(2)		
							ation identified above. the assignee or other party in		
Authorized Signature	Cit M.	n			Date		006		
Typed or printed name _	Robert G.	Crouch			Registration	No. 34 806			

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.

OMB 0651-0023 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

	(37 C.)	42074-00393								
Applicaht(s): Henr	у									
Application No. 10/072,150	Filing Date February 6, 2002	Examiner Blount, Eric		Customer No. 25231	Group Art Unit 2636	Confirmation No.				
Invention: Sensor Head Component										
Mail Stop Issue Fee COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450										
Transmitted herewith are the following for the above-identified application. Issue Fee Transmittal Form PTOL-85 Utility Fee: \$700.00 Design Fee: Plant Fee: Publication Fee: \$300.00 A check in the amount of \$1,000.00 is attached. The Director is hereby authorized to charge and credit Deposit Account No.										
as described below. Charge the amount of Credit any overpayment. Charge any additional fee required. Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
Robert G. Crouch Registration No. 34,806 MARSH FISCHMANN & BREYFOGLE LLP 3151 S. Vaughn Way, Suite 411 Aurora, CO 80014 720-562-5506										
cc:										
This c	ficate of Transmission by ertificate may only be us by deposit account	ed if paying	Certificate of Mailing by First Class Mail							
I certify that this document and authorization to charge deposite account is being facsimile transmitted to the United States Patent and Trademark Office (Fax on) On (Date) I hereby certify that this correspondence is being deposite with the United States Postal Service with sufficient postage at first class mail in an envelope addressed to "Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on April 10, 2006										
Signature Signature of Person Mailing Correspondence Maureen Sileo										
Typed or F	Typed or Printed Name of Person Signing Certificate Typed or Printed Name of Person Mailing Correspondence P3SSMALL/REV06									

Docket No.

TRANSMITTAL OF PAYMENT OF ISSUE FEE (Small Entity)